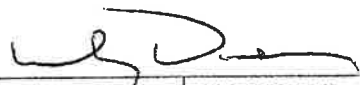


**AREA MANAGEMENT EVALUATION  
OCCUPATIONAL SAFETY**

HP 453M (Rev. 5-06) OPI 009

AREA <b>Modesto</b>	DIVISION <b>Central</b>	NUMBER <b>465</b>
EVALUATED BY <b>Sergeant J.M.Mears</b>		DATE <b>12/09/2008</b>

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE <b>12/31/08</b>
LOW-UP REQUIRED <input type="checkbox"/> Correction Report	COMMANDER'S REVIEW 	DATE <b>01.15.09</b>
BY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		EVALUATED <b>YES</b>
GOALS AND ACCOMPLISHMENTS		ACTION REQUIRED <b>NO</b>
		CORRECTED

- a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No
- (1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No
- (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No
- (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No
- (4) Are goals appropriately categorized? ☒ Yes ☐ No
- (5) Are goals realistic? ☒ Yes ☐ No
- (6) Are goals consistent with departmental objectives? ☒ Yes ☐ No
- (7) Is input from all levels considered before goals are established? ☒ Yes ☐ No
- b. Are goals being accomplished? ☒ Yes ☐ No
- (1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No
- (2) Are accidents increasing? ☐ Yes ☒ No
- (3) Are injuries increasing? ☐ Yes ☒ No
- (4) Why are they increasing/decreasing? **Accidents and injuries appear to be consistent over the past three years and are not increasing or decreasing.**
- (5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No
- (6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No
- (7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

PARTICIPATION		EVALUATED <b>YES</b>	ACTION REQUIRED <b>NO</b>	CORRECTED
Commander actively involved in program?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Commander active in injury/illness case management?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) What is the commander's attitude regarding occupational safety? <b>An area supervisor, a special duty officer and a randomly selected field officer agreed that the Commander is actively involved with the Occupational Safety Program. Additionally, the employees believe the Commander places a high importance on safety in the work place.</b>				

## REA MANAGEMENT EVALUATION

## OCCUPATIONAL SAFETY

HP 453M (Rev. 5-06) OPI 009

(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

ACCIDENT AND INJURY TRENDS	EVALUATED YES	ACTION REQUIRED NO	CORRECTED
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1. Commander's method of identifying trends? The Commander identifies trends by reviewing the CHP 113 and solicits information from the area supervisors.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

2. What corrective action has the command taken when a trend has been identified? The area supervisors evaluate each injury and accident as they occur. Corrective actions which have a defined trend are addressed immediately to prevent further incidents from occurring. Currently the area has had no identifiable trend that needs to be corrected.

# AREA MANAGEMENT EVALUATION

## OCCUPATIONAL SAFETY

HP 453M (Rev. 5-06) OPI 009

(1) Are commanders, managers, and supervisors actively implementing corrective actions?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)	EVALUATED YES	ACTION REQUIRED NO	CORRECTED	
a. What is the composition of the COSC? The Command Occupational Safety Committee is comprised of Captain Duncan as the Chairperson, Sergeant Mahnke as the Area Occupational Safety Coordinator and the four remaining as committee members. The committee has representation from each of the bargaining units.				
(1) Is there representation from each collective bargaining unit?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Management and supervisory representation?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Command Safety Coordinator assigned?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Command Safety Coordinator active and effective?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are committee assignments rotated?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC meetings held quarterly?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are meetings held more frequently when goals are not being attained?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Do all committee members attend the meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are roles and responsibilities defined in accordance with IIPP?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do committee members understand their roles and responsibilities?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is an agenda prepared prior to the meeting?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are departmental and Division Occupational Safety meetings minutes readily available?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are these minutes utilized for Area meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are assignments given during Area meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Minutes prepared for the COSC meeting?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Recording secretary appointed?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Minutes posted on command's Occupational Safety Board?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are minutes included in IIPP file?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Minutes maintained current year, plus three?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Minutes forwarded through channels?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the COSC effective?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) COSC disseminate current information and training regarding health and safety issues?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are outside agency safety programs utilized as a resource?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Does the command maintain an effective health and safety communications system?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## REA MANAGEMENT EVALUATION

## OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>DOCUMENTATION</b>	<b>EVALUATED</b> YES	<b>ACTION REQUIRED</b> NO
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

STATE OF CALIFORNIA  
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION**  
**OCCUPATIONAL SAFETY**  
 HP 453M (Rev. 5-06) OPI 009

(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>INJURY AND ILLNESS PREVENTION PROGRAM</b>	<b>EVALUATED</b> YES	<b>ACTION REQUIRED</b> NO	<b>CORRECTED</b>
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>COMMUNICATION WITH DOSH</b>	<b>EVALUATED</b> YES	<b>ACTION REQUIRED</b> NO	<b>CORRECTED</b>
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>HAZARDOUS SUBSTANCE PROGRAM</b>	<b>EVALUATED</b> YES	<b>ACTION REQUIRED</b> NO	<b>CORRECTED</b>
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

## AREA MANAGEMENT EVALUATION

## OCCUPATIONAL SAFETY

HP 453M (Rev. 5-06) OPI 009

(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED YES	ACTION REQUIRED NO	CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

SUBJECT: AUDIT - Chapter 12 inspection (Occupational Safety)

DATE: 12/09/2008

SECTIONS	COMMENTS
	Sergeant Mahnke, ID 10201, is the Modesto Area Occupational Safety Coordinator and provided information regarding the Area Occupational Safety Program. Additionally, one special duty and one field officer were polled regarding the area's Occupational Safety Program. The Modesto Area follows HPM 10.6, HPM 10.7 and guidelines set forth in the Injury and Illness Prevention Program (IIPP) to ensure a successful program.
1. Goals and Accomplishments	<p>The Modesto Area has developed reasonable and realistic goals for itself by reviewing the past three years injuries and accidents to establish their goals. The CHP 113 is utilized to track their goals. Currently the area is on track and should not exceed their goal. The area attributes some of their success to the following:</p> <ol style="list-style-type: none"> <li>1. Consistent and diligent attention to the SROVT's at briefings.</li> <li>2. Discussions at area training days regarding work place safety.</li> <li>3. Monthly evaluations promoting occupational safety.</li> <li>4. Supervision and Management's desire to create a safe work place.</li> </ol>
2. Participation	<p>According to Sgt. Mahnke, the Commander is very supportive and active in the Occupational Safety Program. Area supervisors routinely make comments on employee's monthly evaluations regarding safety issues. The commander makes it a point to mention area safety concerns at training days. Area employees said they had little knowledge of the Occupational Safety Program, but after a few minutes of talking with the employees it was apparent they knew the concept of the program and knew more than they realized. Employees have an understanding that it is their responsibility to work safely and when an unsafe condition exists it needs to be addressed immediately. Currently, the area Occupational Safety Coordinator does not attend the Divisions Occupational Safety Committee (DOSC) meetings. The DOSC meetings are attended by another sergeant. The DOSC is informative and should be part of the COSC coordinators responsibilities to attend more regularly.</p>
3. Accidents and Injury Trends Refer to report	Refer to inspection report.
4. Command Occupational Safety Committee (COSC)	<p>The COSC meeting is held regularly each quarter shortly after the Division Occupational Safety Committee meeting. The minutes are prepared by the COSC Coordinator. A copy of the minutes is posted in the briefing room and another copy forwarded to Division. The members of the committee know their roles and responsibilities and the committee appears to be effective. The area office has numerous occupational safety posters through out the office. The posters are easily viewed for all to see.</p>



STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION SUPPLEMENT**  
CHP 454 (Rev. 5-06) OPI 009

5. Documentation	The STD261's (Authorization to use privately owned vehicles on state business) are completed annually at the time of each employees annual evaluation. The area currently has no need to utilize outside agencies as resource. The CHP 113a (Safety Check List) is used semi annually to identify potential hazards. Any discrepancies are resolved within a timely manner. The CHP113 is posted in the briefing room for review. The OSHA300 is kept in an Area's command file available for review. The CHP208 (Accident Prevention Reports) are reviewed through the chain of command for accuracy.
6. Injury and Illness Prevention	The area has a complete IIPP on file and available in the area's publications library. Employees are aware of the purpose of the IIPP and aware of its location. The IIPP contents appear to be up to date and current. Upon the arrival of new employees to the area, part of the orientation process is to have employees familiarize themselves with the IIPP and its location in the area's publications library.
7. Communication with DOSH	Polls of two employees showed that they were aware of the Department of Occupational Safety (DOSH) inspections. They both knew the command's documents were kept in the publications library located in the front office if ever asked by a DOSH compliance officer during an inspection.
8. Hazardous Substance Program	The area currently has a written hazardous substance plan for substances used within the command. The area utilizes a City of Modesto Hazardous Materials Area Response Plan. The City of Modesto requires their forms and documents be utilized to be in compliance with local statute. The Material Safety Data Sheets are readily available in the sergeant's office library.
9. Hazardous Exposure Control Programs	The hazardous exposure control programs are contained in the City of Modesto Hazardous Materials Area Response Plan. The City of Modesto requires their forms and documents be utilized to be in compliance with local statute.
	Overall, the Modesto Area Occupational Safety Program is successful. This is no one thing that can be attributed to this, but Modesto employees have a sense of working safety everyday. The office is clean and well organized, which may play a part in its success. The area has reasonable goals set and is on track to meet them. There appears to be no apparent reason this should change in the near future.